APRIL

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM					Date order received		Order sent to dist.		Signature		
NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.					VFC Provider		Code	Code		DATE	
DELIVERY ADDRESS (Number and Street – No P.O. Boxes			City	City		<u> </u>		Zip Code		☐ CHECK HERE IF THIS IS A NEW ADDRESS	
times you may receive vaccine. Mor		/ AND TIME [1	□ Tue	DAY AND TIME		DAY AND TIME		DAY AND TIME Thu. FAX:		DAY AND TIME	
CONTACT PERSON:		TELEPHONE		PHONE:			FA	FAX:			
VACCINES	COI	MPLETE EI							MPLE	TE	
AND VFC FORMS		FORMS WILL NOT BE PROC VACCINE INVENTORY							ne Shipp	ed In	
	Number of		of Doses	Doses				Vials/Units			
REGULAR ORDER VFC VACCINES		(VFC Only) On-Hand		Lo	t Number	Exp.	Date	Sizes			New Vaccine Order
REGOLAR ORDER VI & VACC	JINLO										
DT								10		S	doses
DtaP								5 or 10 doses		ses	doses
DPH Hepatitis A (HAP)) dose	S	doses
Pediatric								10 doses		S	doses
Hepatitis B (HPF) Pediatric								1/		,	dagaa
Pediatric) dose	5	doses
Hib							5		doses	ŝ	doses
Hepatitis B-HIB (COM)								10) dose	S	doses
IPV									0 doses		doses
MMR								10		S	doses
Pneumococcal Conjugate Prevnar (PCV)								5 doses		S	doses
Td								10 doses		S	doses
Varicella (VAR)											
Chickenpox VFC Consent Forms								10 doses		doses packs	
VFC Labels											packs
VFC Return Envelopes											packs
SPECIAL ORDER VACCINES Influenza											
(October thru March ONLY)								10 do	ses		doses
Pneumoccocal Polysaccharide (Eligible Groups: Children 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or have received a bone marrow transplant)								5 dos			doses

- INSTRUCTIONS:
 1. Print or type
 2. Submit order form using ONE of the following options:
 Questions? Please contact
 Fax orders to: (210) 922-9938

VFC at (210) 921-1178

OR

MAIL orders to: SAMHD/VFC Program 332 W. Commerce, Ste. 108, San Antonio, TX 78205